

Name
in
Full

Levenia Bastin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

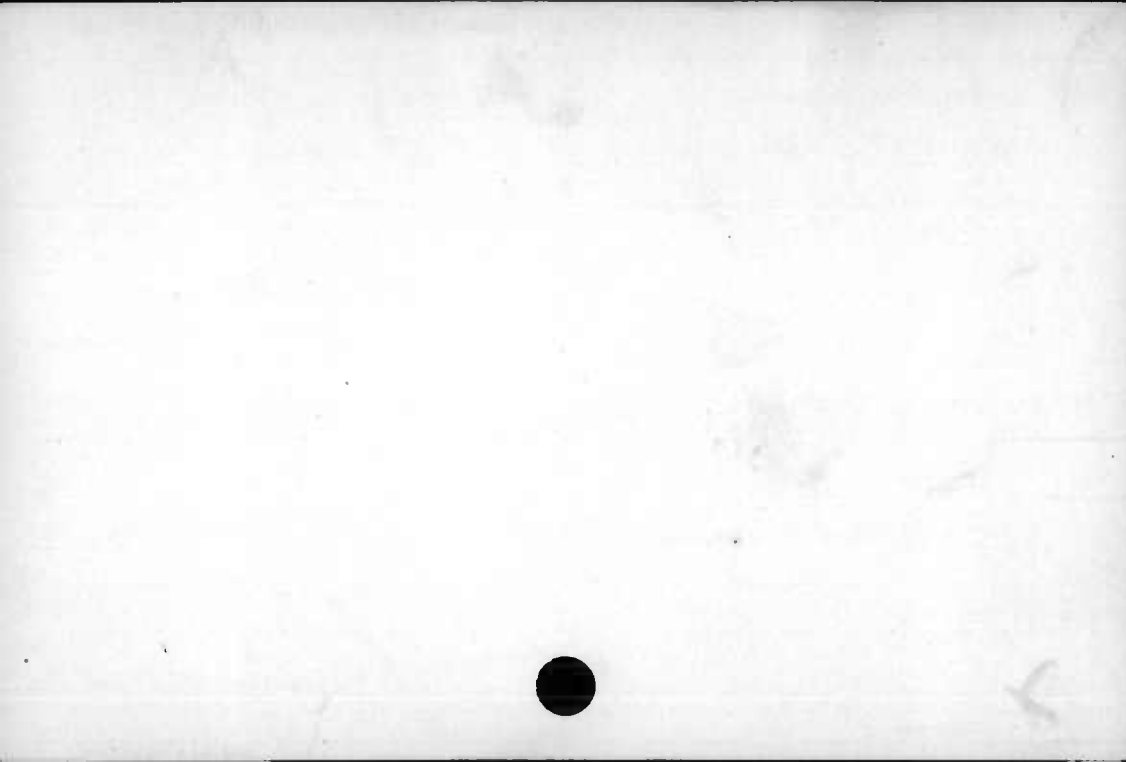
Died at <i>Nunfamy</i>		County <i>Chas</i>		STATE OF <i>MARYLAND</i>	
Date of death	Month <i>Dec</i>	Day <i>13th</i>	Years <i>53</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Pincon Baston</i>				
Father's Name <i>John Scott</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>H. M. Fennice</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>two weeks</i>
Immediate <i>—</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. H. Speake</i>
	Address <i>Grayton md.</i>
Accident or Suicide?	



Name
in
Full

Mary E. Brooking

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Bryantown*

Town

Stacy

County

Date of death *1907 Dec.*

Month

Day

13

Age

Years

73

Months

Days

Sex *Female*Color or
Race*White*Birth-
place*md.*Occupation *Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed *Widow*Name of Wife or
Husband*Rev. F. Brooking (deceased)*Father's
NameFather's
Birthplace*md.*Mother's
Maiden NameMother's
Birthplace*md.*Name of person giving
information*James M. Brooking*How related
to deceased*Son*

CAUSES OF DEATH

79

Primary

Organic Disease of Heart -

How long

54 years

Immediate

Heart Failure

How long

*18 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*L. G. Garrison md.*

Address

Bryantown, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



8

Name
in
Full

Wm Sidney Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

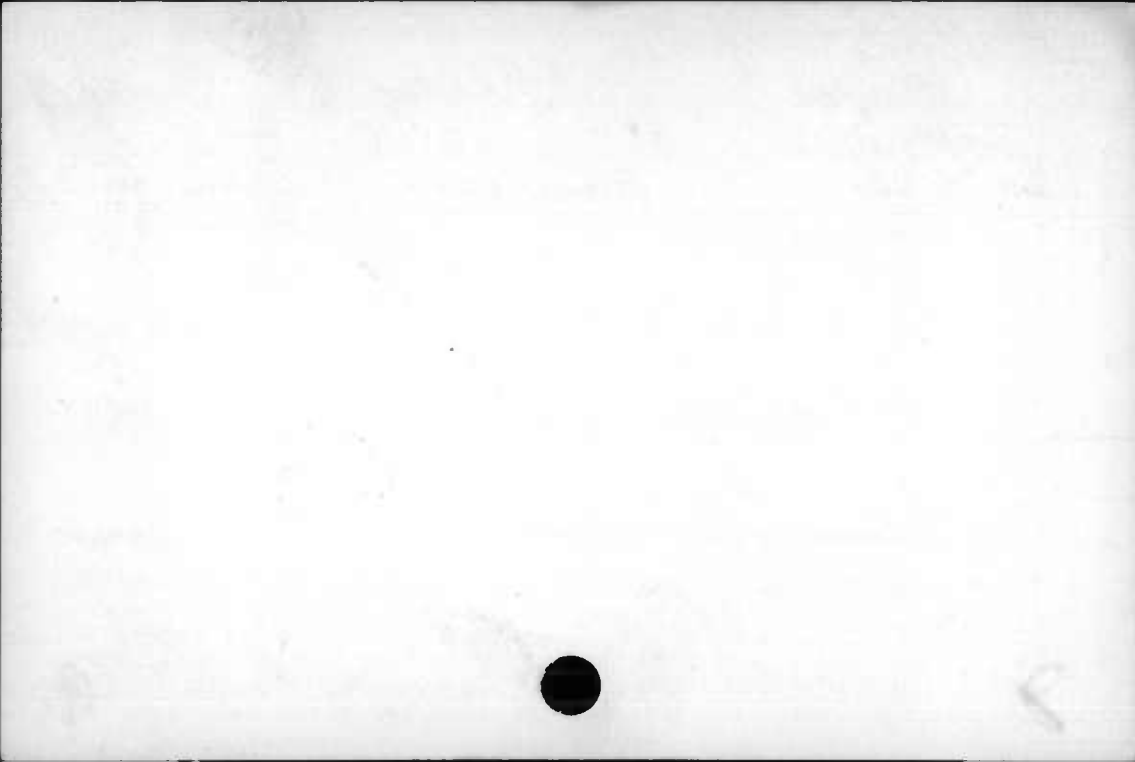
Died at <i>Myalltown</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec.</i>	Day <i>27</i>	Age <i>2</i>	Years <i>8</i>	Months <i>15</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>md</i>		
Occupation <i>Chief</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Frank Butler</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Rose Lee Warrington</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Frank Butler</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

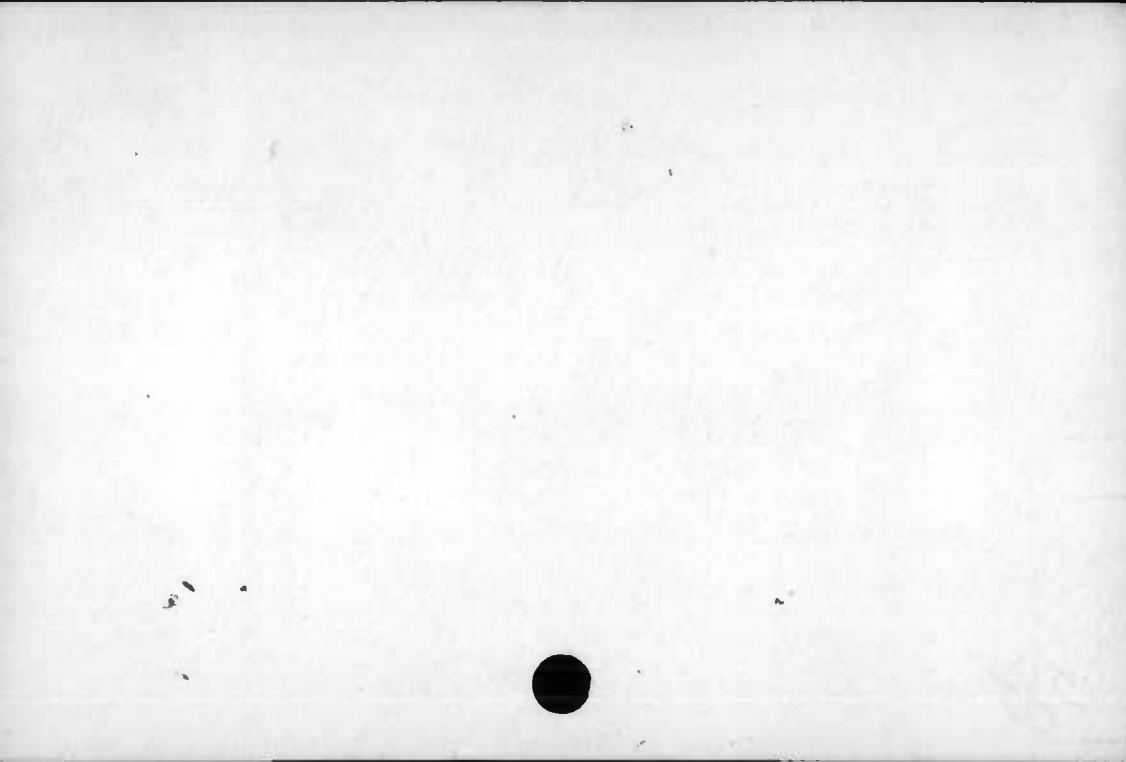
119

PHYSICIAN
OR CORONER

Primary <i>Acute Nephritis</i>	How long <i>2 moos,</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Ys</i>	Signature of Physician <i>S. B. Woodward</i>
	Address <i>Myalltown md</i>
Accident or Suicide?	



Name in Full		MILLARD CARPENTER				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Pisgah		Town		Charles	
	Date of death		1907	Month	Dec	Day	7
	Age		33	Years	Months		Days
	Sex	Male		Color or Race	American		Birth-place
	Occupation	Farmer		Where Residing if not at place of death		Charles Co. Md.	
	Married, Single or Widowed	Married		Name of Wife or Husband		Jane D. Carpenter	
	Father's Name	John B. Carpenter		Father's Birthplace		Charles Co. Md.	
Mother's Maiden Name	Virginia Garrett		Mother's Birthplace		" " "		
Name of person giving information	Geo. W. Carpenter		How related to deceased		Brother		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">27</div>							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	2 years
	Immediate	Endocarditis, Typhemia, Septicemia				How long	2 months
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
Accident or Suicide?				Geo. C. Bicknell Pisgah Md.			



Name
in
Full

Maggie Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

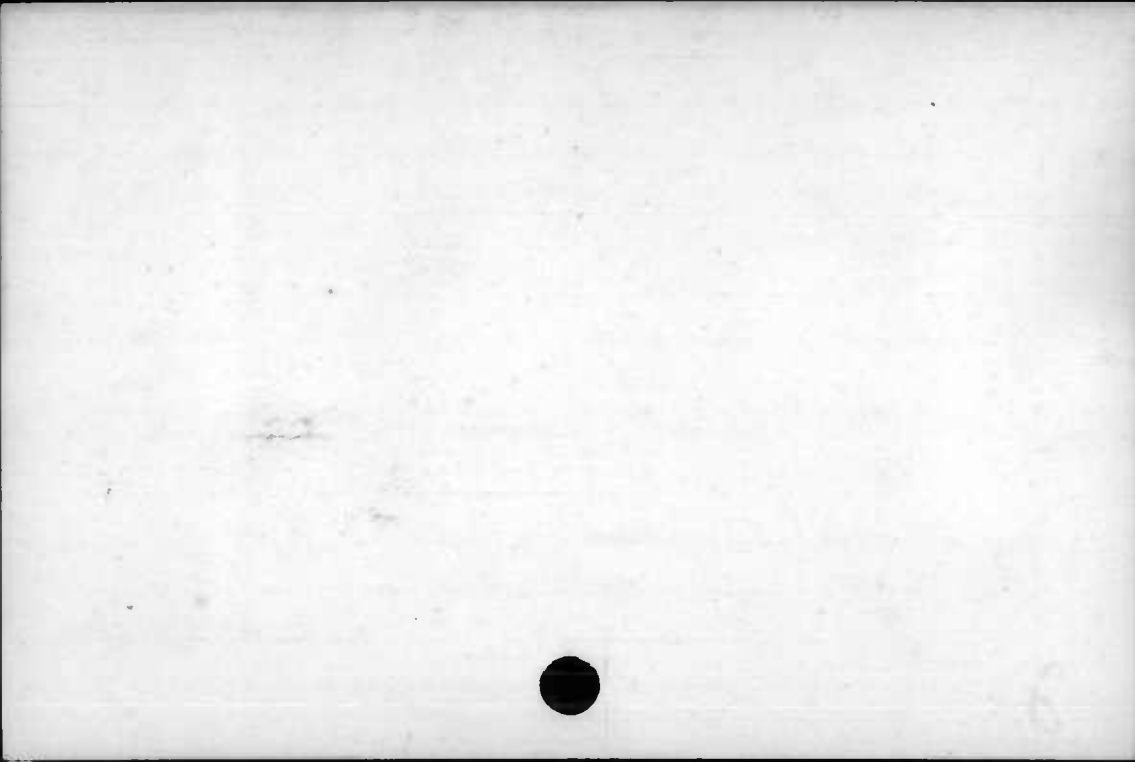
Died at <i>newtown</i> <small>Town</small>			<i>Charles</i> <small>County</small>			MARYLAND	
Date of death	<i>1907</i>	<i>Dec</i> <small>Month</small>	<i>30</i> <small>Day</small>	Age	<i>42</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex	<i>female</i>		Color or Race	<i>colored</i>		Birth-place	<i>Charleses</i>
Occupation	<i>Chamber maid</i>			Where Residing if not at place of death			<i>Washington D.C.</i>
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband	<i>Henry Clark</i>			
Father's Name	<i>Dennis Hawkins</i>					Father's Birthplace	<i>Charleses</i>
Mother's Maiden Name	<i>Alice Johnson</i>					Mother's Birthplace	<i>Charleses</i>
Name of person giving information	<i>E.W. Brown</i>					How related to deceased	<i>brother-in-law</i>

CAUSES OF DEATH

33

PHYSICIAN
OR CORONER

Primary	<i>Ovarian Tumor - Tubercular</i>	How long	<i>2 years</i>
Immediate	<i>Genital exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Thos. J. Owen, M.D.</i>
		Address	<i>La Plata, Md.</i>
Accident or Suicide?	<i>no</i>		



Name
in
Full

Edwin Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

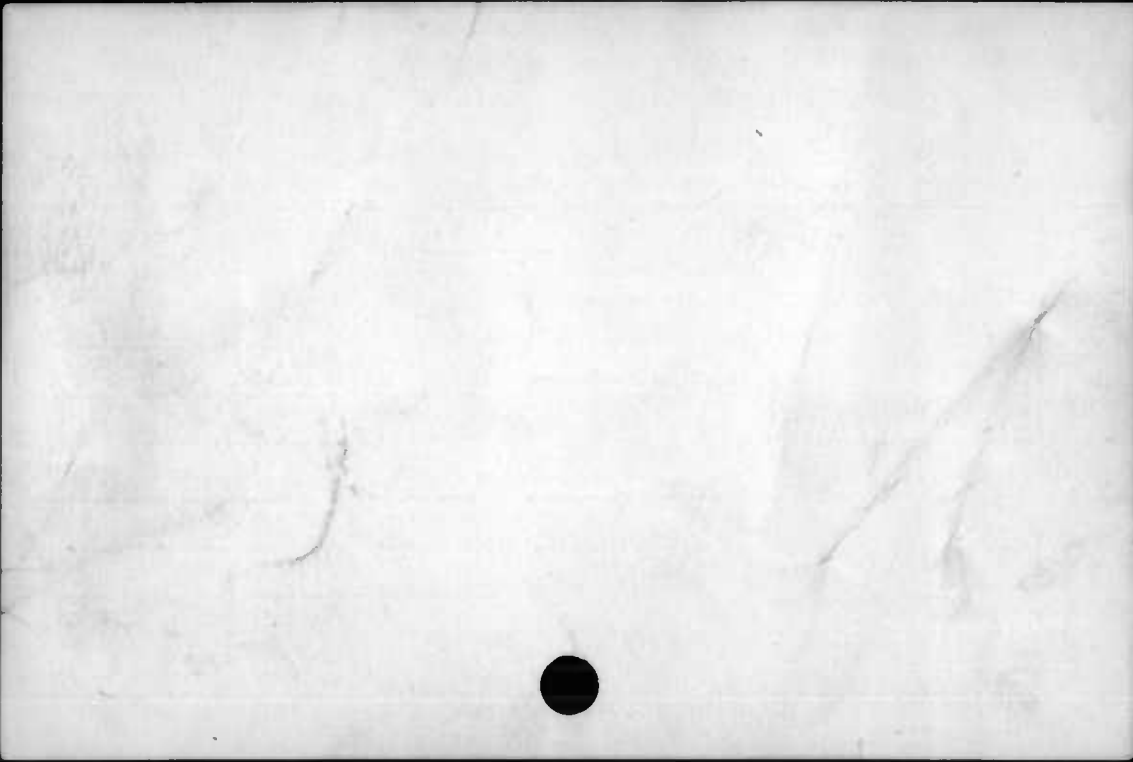
Died at <i>La Plata</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>7</i>	Age <i>—</i>	Months <i>11</i>	Days <i>22</i>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Charles Co</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Richard Cooper</i>			Father's Birthplace <i>Charles Co</i>		
Mother's Maiden Name <i>Lena Maron</i>			Mother's Birthplace <i>Charles Co</i>		
Name of person giving information <i>Edward Maron</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>4 days</i>
Immediate <i>Heart exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos S O</i>
<input checked="" type="checkbox"/> Accident or Suicide? <i>no</i>	Address <i>La Plata</i>
	<i>md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

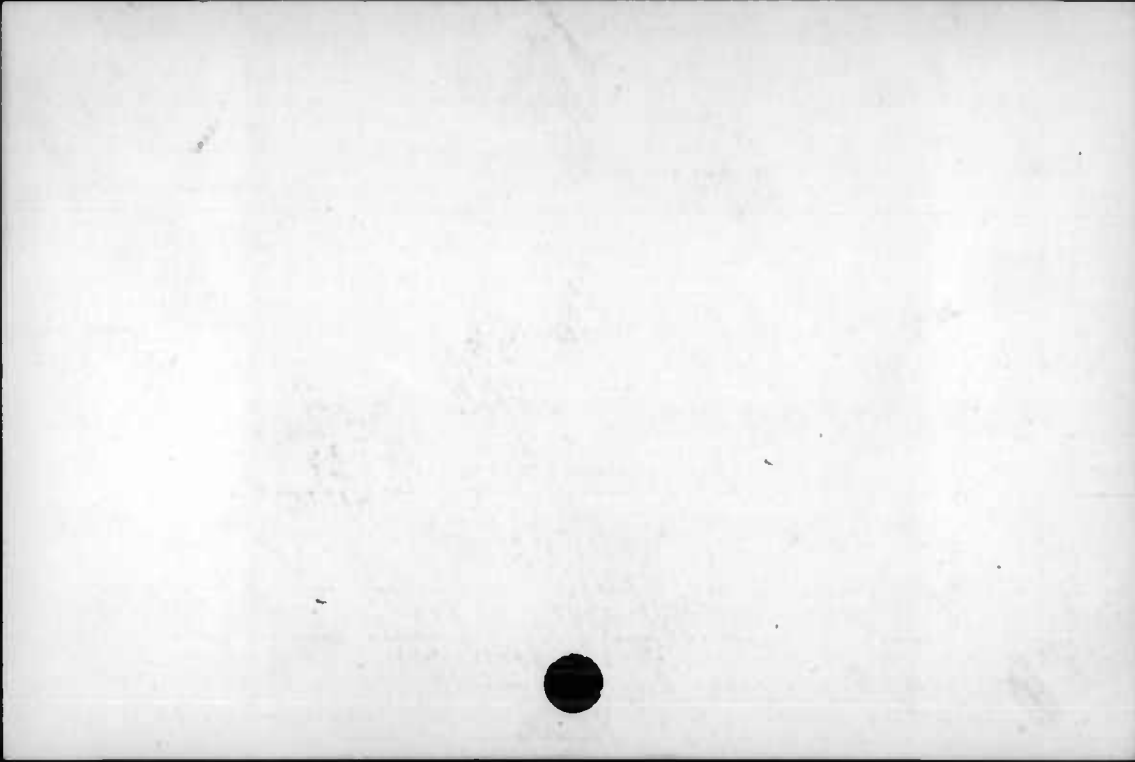
Name <i>John Henry Datcher</i>				Town <i>Pomwunky</i>		County <i>Ches.</i>		MARYLAND	
Died at		Date of death		Month		Day		Age	
		<i>1907</i>		<i>Dec.</i>		<i>27</i>		<i>64</i>	
Sex		Color or Race		Birth-place		Months		Days	
<i>Male</i>		<i>Colored</i>		<i>Ches. Co. Md.</i>					
Occupation				Where Residing if not at place of death					
<i>Carpenter</i>				<i>at place of death</i>					
Married, Single or Widowed		Name of Wife or Husband							
<i>Married</i>		<i>Mary Anna Coates</i>							
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace			
<i>Henry Datcher</i>		<i>Caroline Hancock</i>		<i>Ches. Co. Md.</i>		<i>Ches. Co. Md.</i>			
Name of person giving information		How related to deceased							
<i>Jos. W. Datcher</i>		<i>Brother</i>							

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>Grippe & Pleurisy</i>	How long	<i>Three weeks</i>
Immediate	<i>Heart Failure</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. W. Mitchell M.D.</i>	
		Address	
		<i>Pomwunky</i>	
		<i>Md.</i>	
Accident or Suicide?			
<i>No</i>			



Name
in
Full

Beatrice Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ironside

Town

Charles

County

MARYLAND

Date

of death 1907

Month

Dec

Day

26

Years

Age

Months

8

Days

Sex

Male Female

Color or
Race

White

Birth-
place

Charles, Co., Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Brads Davis

Father's
Birthplace

Charles, Co., Md.

Mother's
Maiden Name

Mamie Davis

Mother's
Birthplace

Charles, Co., Md.

Name of person giving
In formation

Matencilon Clemen

How related
to deceased

Uncle

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

Stomach trouble

How long

1 or 2 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

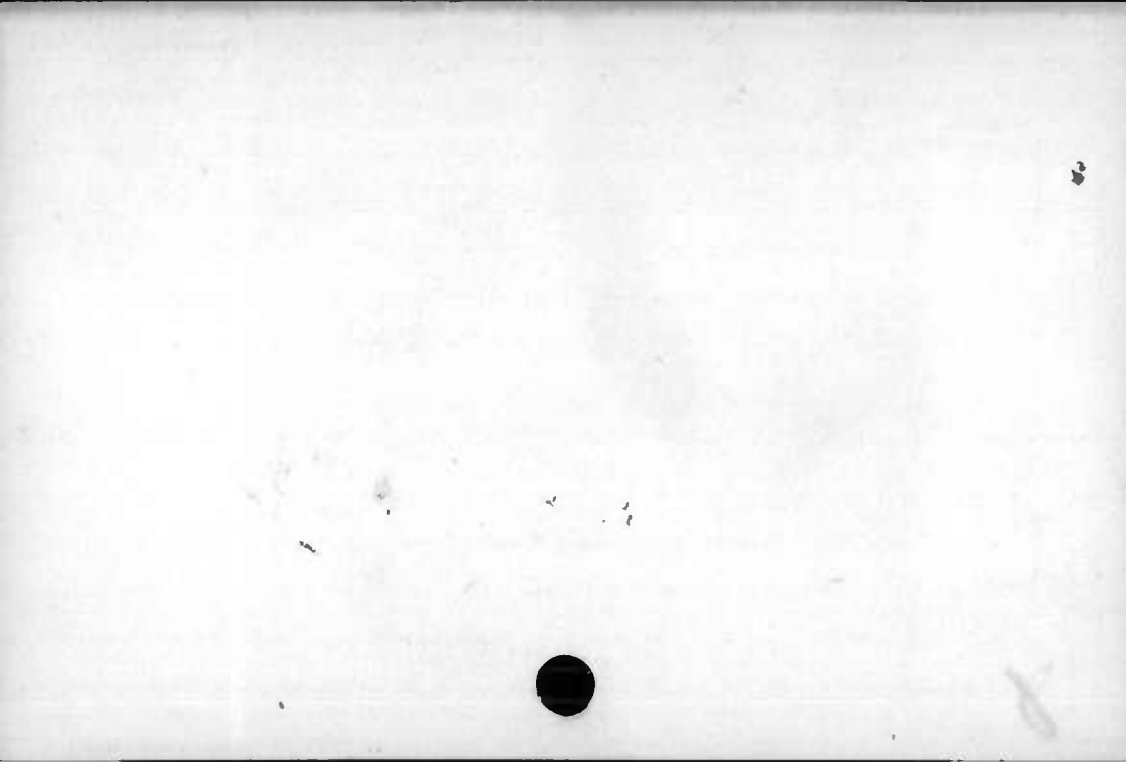
yes

Signature of
Physician

Address

James M. Wheeler
Sub-Registrar
Baylor Univ

Accident or Suicide?



Name
in
Full

Francis Basil Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

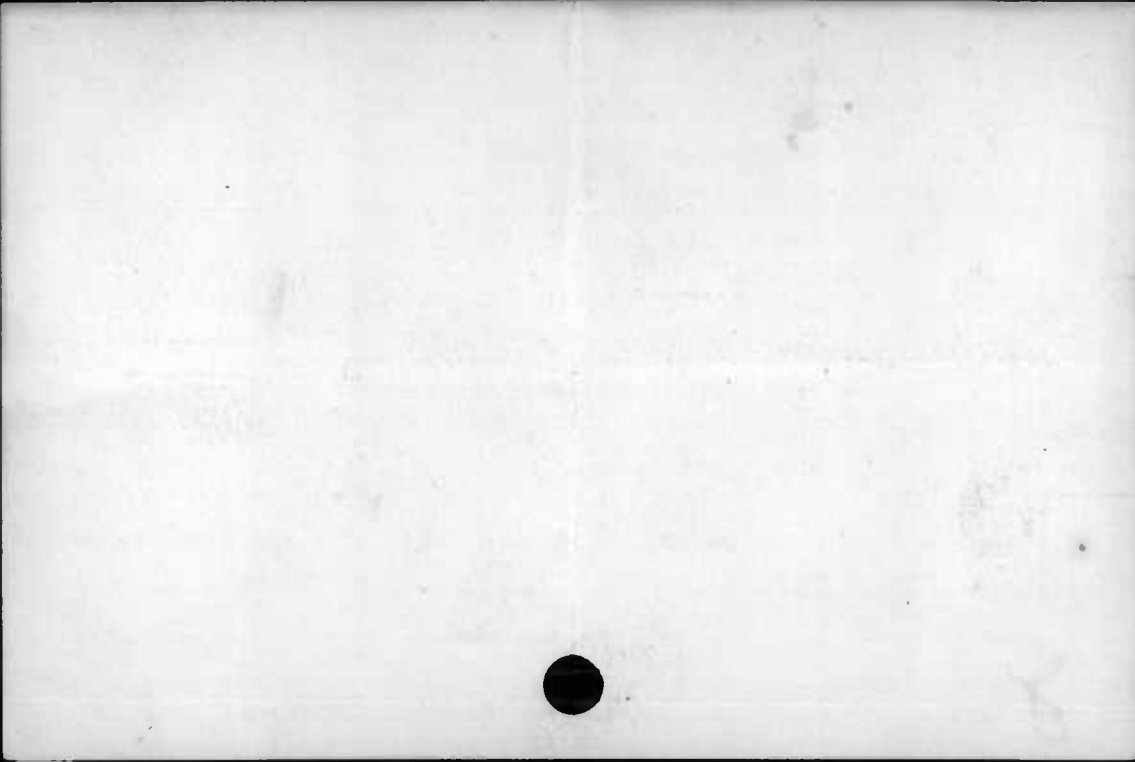
Died at <i>Perry</i>		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Dec.	20	Age	75-	8	
Sex		Color or Race		Birth-place			
Male		White		Perry Md.			
Occupation		Where Residing if not at place of death					
Farmer		at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Widower		Lorain V. Wood					
Father's Name		Father's Birthplace					
Francis C. Green		Unknown					
Mother's Maiden Name		Mother's Birthplace					
Elizabeth Spalding		Unknown					
Name of person giving information		How related to deceased					
May Helen Green		Daughter					

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis - pneumonia</i>	How long	<i>9 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>J. W. Mitchell M.D.</i>	
Accident or Suicide?		Address	
No		<i>Perry Md.</i>	



Name
in
Full

Wilson Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>La Plata</u> ^{Town}		<u>Charles</u> ^{County}		MARYLAND	
Date of death	1907	Month	Dec	Day	6 th
Age	37	Years		Months	
Sex	Male	Color or Race	Colored	Birth-place	Charles Co
Occupation	Labour		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Washington Green			Father's Birthplace	Charles Co
Mother's Maiden Name	Mary Butler			Mother's Birthplace	Charles Co
Name of person giving Information	Albert Lomax			How related to deceased	None

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary	<u>Aneurism - Corotid Artery</u>	How long	<u>Don't know</u>
Immediate	<u>Rupture</u>	How long	<u>Several hours</u>
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<u>Thos S Green MD</u>
		Address	<u>La Plata</u>
Accident or Suicide?	No		<u>MD</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

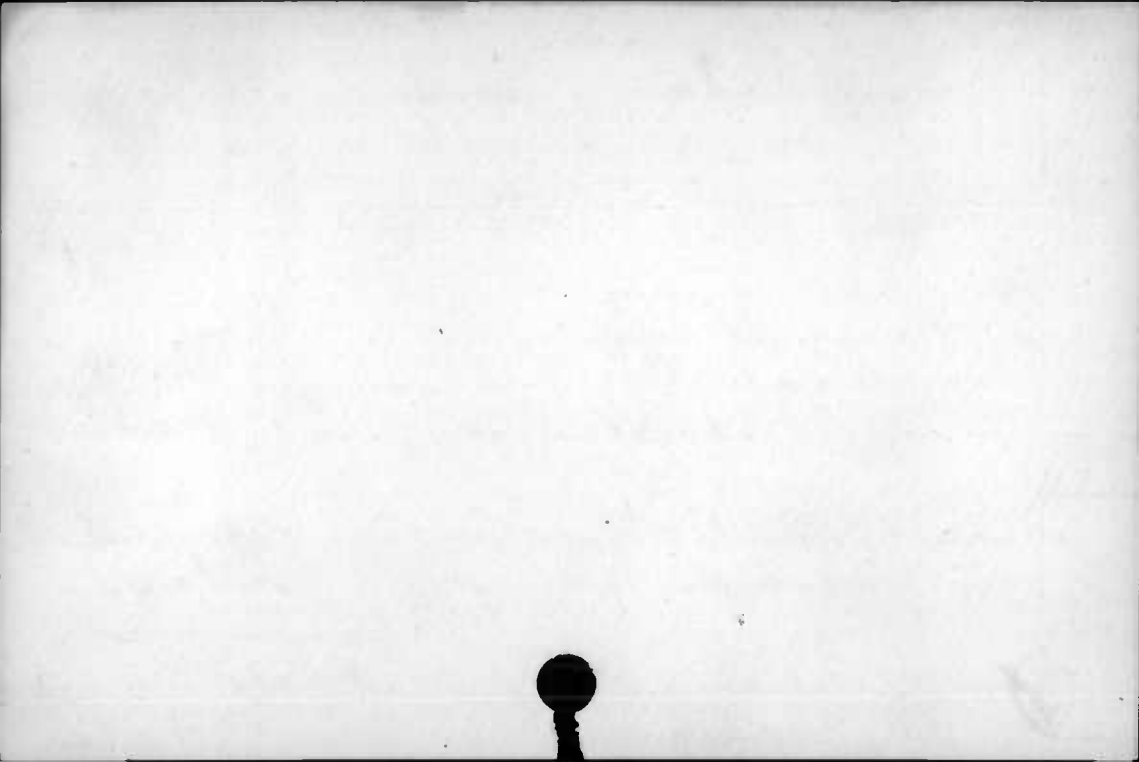
Name in Full <i>Mary Henderson</i>		Town <i>near Cerro Road</i>		County <i>Charles</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>near Cerro Road</i>		<i>1907 Dec 7</i>		<i>56</i>		<i>2 19</i>	
Sex <i>Female</i>		Color or Race <i>American</i>		Birth-place <i>Charles Co. Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>near</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William Henderson</i>					
Father's Name <i>J. Thomas A. Davis</i>		Father's Birthplace <i>Pisgah Md.</i>					
Mother's Maiden Name <i>Mary E. Rison</i>		Mother's Birthplace <i>Pisgah Md.</i>					
Name of person giving information <i>Norman Maddox</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary <i>Hypertic Leukemia, Nephritis, Hypertic Abdomen</i>		How long <i>5 years</i>	
Immediate <i>Gastric Ulcer, Anemia</i>		How long <i>3 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. C. Bicknell M.D.</i>	
Address <i>Pisgah Md.</i>		Accident or Suicide? <i>C</i>	



Name in Full *Isaiah Henson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

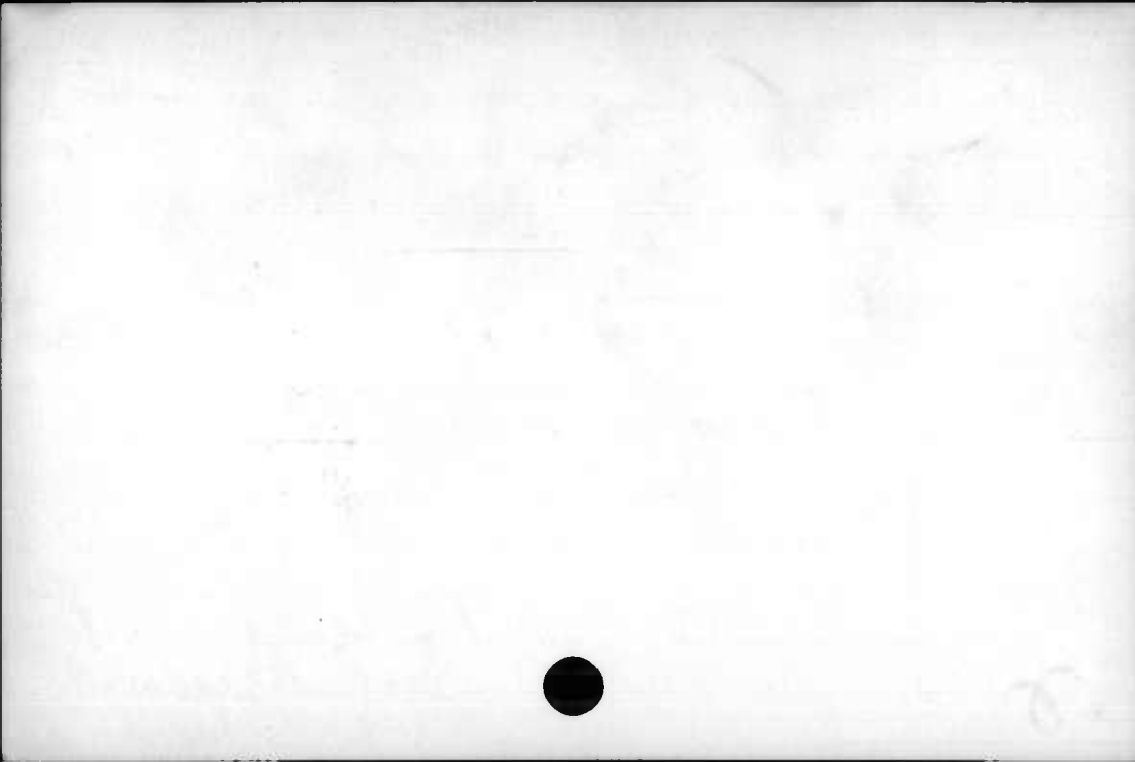
Died at <i>La Plata</i> ^{Town}		<i>Ind</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>12</i>	Day <i>4</i>	Age	Years <i>10</i>	Months
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Ind</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Henry Henson</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Sarah Snook</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving Information <i>Sarah Henson</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	<i>Bröchitis, (Capillary)</i>	How long <i>3 months</i>
Immediate	<i>Exhaustion of Lungs</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>James L. Henson</i>
<i>Yes</i>		Address <i>La Plata Ind</i>
Accident or Suicide? <i>no</i>		



Name

in
Full

CERTIFICATE OF DEATH

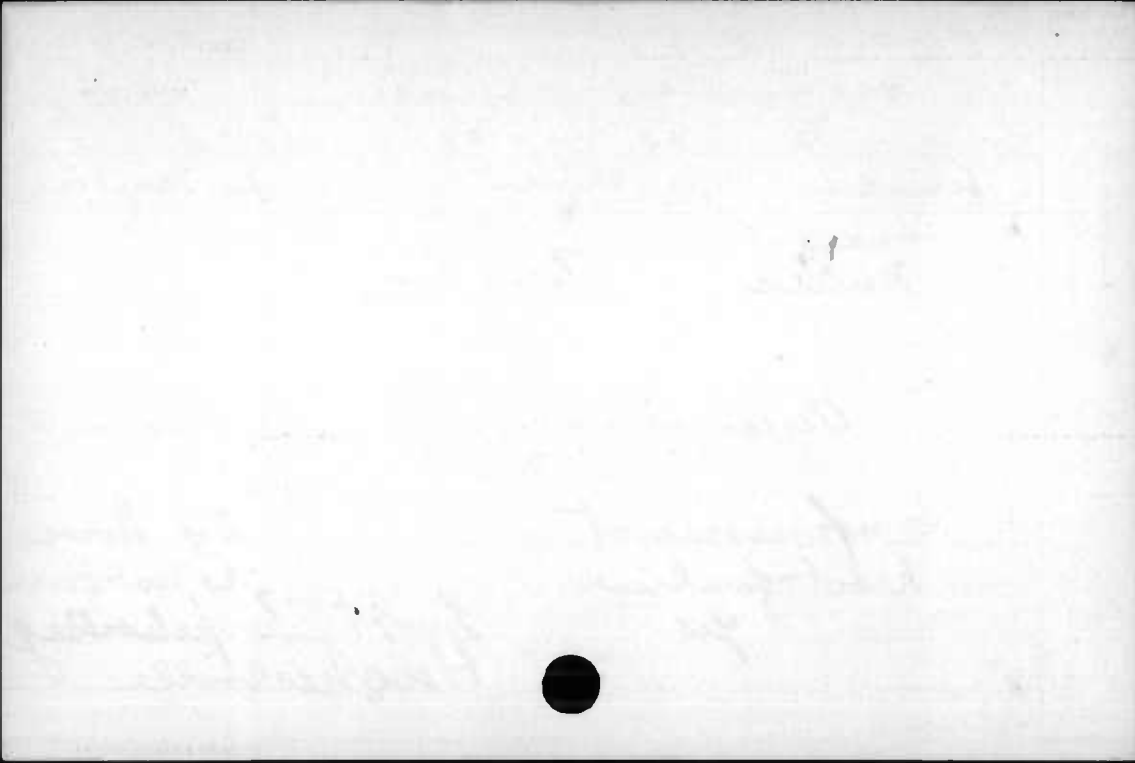
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Johnson</i>		Town <i>River Side</i>		County <i>Charles</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1907 12 16</i>					
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>River Side Md</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>James Johnson</i>				Father's Birthplace <i>Charles Co Md</i>			
Mother's Maiden Name <i>Sarah Henry</i>				Mother's Birthplace <i>Charles Co Md</i>			
Name of person giving information <i>Samuel Carroll</i>				How related to deceased <i>none</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>yes</i>		<i>James M. Wheeler</i>
		Address
		<i>Sub-Registrar</i>
		<i>Grayton Md</i>
Accident or Suicide? <i>C</i>		



Name
in
Full

Virgie Long

CERTIFICATE OF DEATH

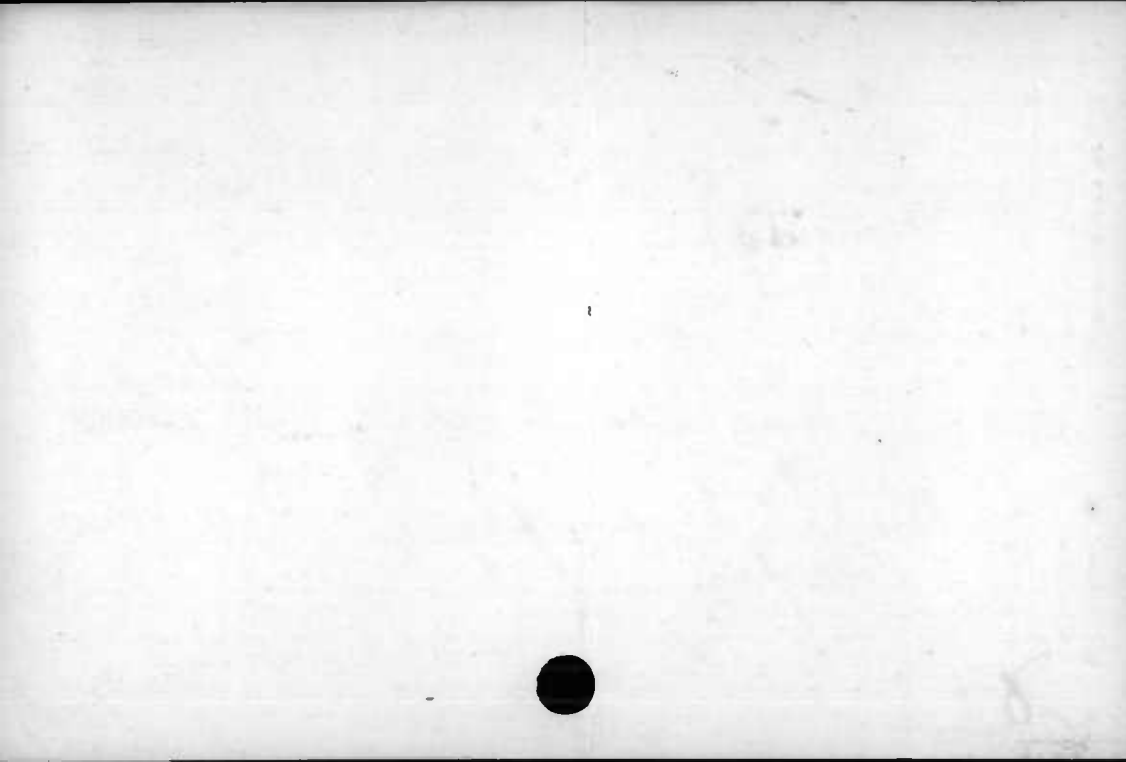
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hughesville		County Chas		MARYLAND	
Date of death		190	Month 12	Day 23	Age 28	Years —	Months —
Sex Female		Color or Race White		Birth-place St. Mary's Co.			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Peter Long					
Father's Name Julias Dean		Father's Birthplace St. Marys Co.					
Mother's Maiden Name Mary Bell		Mother's Birthplace " "					
Name of person giving information Pepler Long		How related to deceased husband					

CAUSES OF DEATH

140

Primary	Compensent	How long	24 hours
Immediate	heart-failure	How long	do not know
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Dr. T. Chappelortz	
Address		Hughesville	
Accident or Suicide?			



Name
in
Full

Aurelia Syon

CERTIFICATE OF DEATH

MARYLAND

Died at Wisconsin Town

Charles County

Date of death 1907 Dec.

Day 10

Age 66 Years

Months 10

Days

Sex Female

Color or Race

White

Birth-place

Char. Co Ind

Occupation

Housewife

Where Residing if not at place of death

At place of death

Married, Single or Widowed

Widow

Name of Wife or Husband

Father's Name

Edward Keck

Father's Birthplace

Char. Co Ind

Mother's Maiden Name

Martha Ann Deuk

Mother's Birthplace

Char. Co Ind

Name of person giving information

Miss Annie Turner

How related to deceased

None

CAUSES OF DEATH

79

Primary

Cardiac Hypertrophy

How long

10 years

Immediate

Collapse

How long

72 minutes

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

C. S. Cribb M.D.

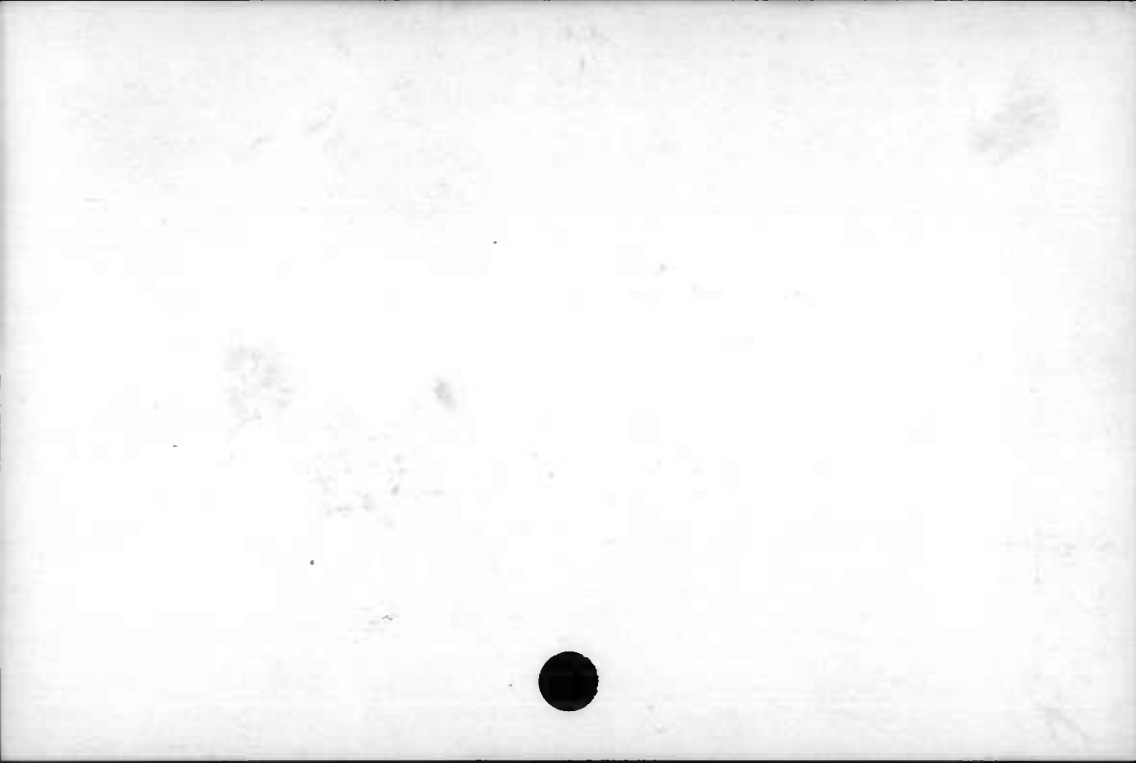
Address

Wisconsin

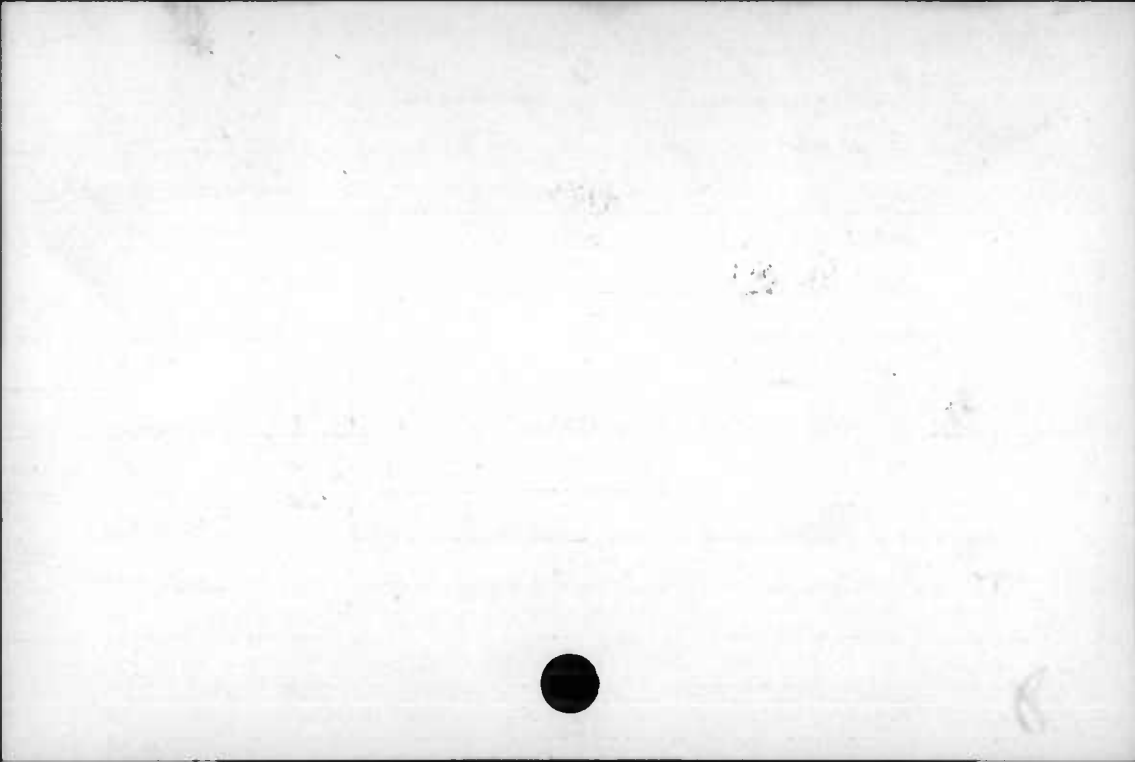
Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Norval MacDaniel				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Walverf		County		Chauce		
	Date of death		1907 Dec		Age		19		
	Sex		Male		Color or Race		White		
	Occupation		Labour		Where Residing if not at place of death		At home		
	Married, Single or Widowed		Single		Name of Wife or Husband		None		
	Father's Name		William D MacDaniel		Father's Birthplace		Chauce Co Ind		
	Mother's Maiden Name		Florence Proctor		Mother's Birthplace		Washington D C		
Name of person giving information		Oden MacDaniel		How related to deceased		Wife			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Tuberculosis of Lungs		How long			About 12 months	
	Immediate		Exhaustion		How long			—	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		G. O. Sumner		
	Address		Walverf		Muf				
Accident or Suicide?		No							



Name
in
Full

CERTIFICATE OF DEATH

Mr Henry Clay Maddox.

Town

County

MARYLAND

Died at

Chicamuxen

Charles

Date

of death

1907

Month

Dec

Day

21

Age

Years

55

Months

—

Days

—

Sex

Male

Color or
Race

American

Birth-
place

Charles Co., Md.

Occupation

Sailor

Where Residing if not
at place of death

—

Married, Single
or Widowed

Married

Name of Wife or
Husband

Maria Maddox

Father's
Name

Louis Maddox

Father's
Birthplace

Charles Co Md

Mother's

Maiden Name

Charlotte Skinner

Mother's
Birthplace

" " "

Name of person giving
In formation

Walter Maddox

How related
to deceased

Son.

CAUSES OF DEATH

93

Primary

Lobar Pneumonia Myo & Endocarditis 30 yrs

How long

2 weeks

Immediate

Cardiac Dilatation & Pulmonary Edema

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

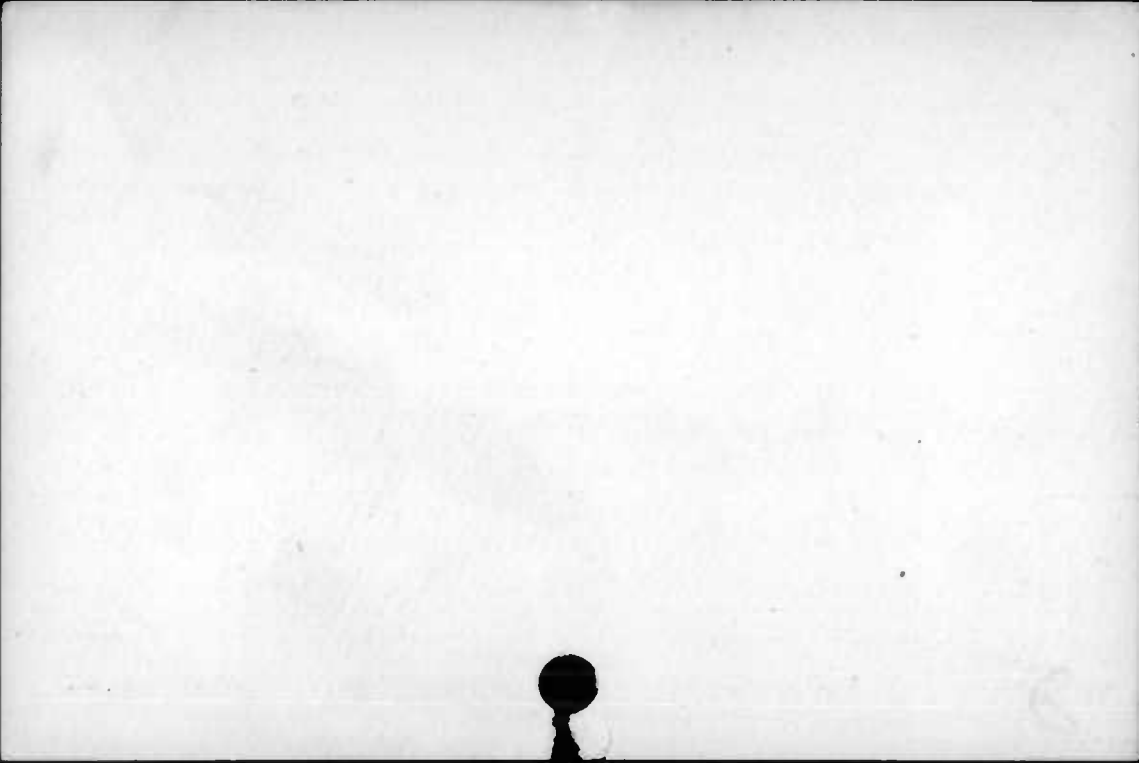
Geo. C. Bicknell

Address

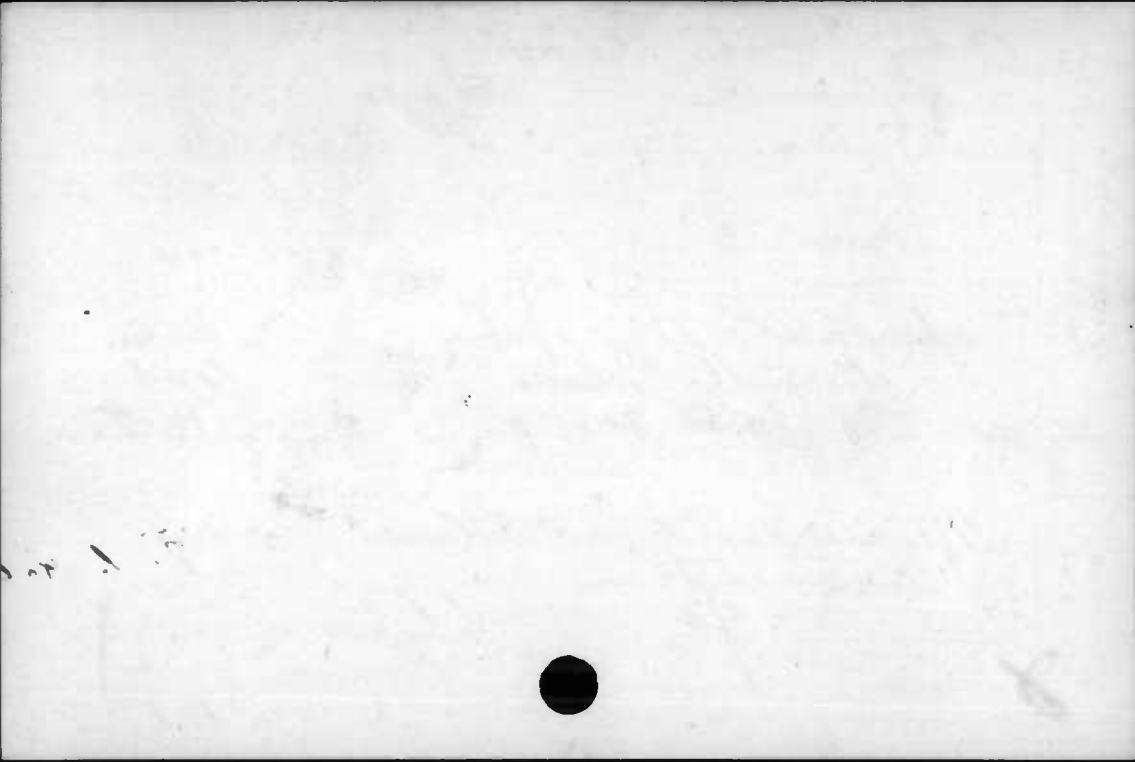
Pisgah, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Waldorf</i> <small>Town</small>		<i>Charles</i> <small>County</small>	
		Date of death <i>1907</i> <small>Month</small> <i>Dec</i> <small>Day</small> <i>30</i>		<i>44</i> <small>Years</small> <i>—</i> <small>Months</small> <i>—</i> <small>Days</small>	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Occupation <i>Farmers</i>		Where Residing if not at place of death <i>at home</i>	
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Catharine Welch</i>	
		Father's Name <i>James Morland</i>		Father's Birthplace <i>Ind</i>	
		Mother's Maiden Name <i>Martha Morland</i>		Mother's Birthplace <i>Ind</i>	
Name of person giving information <i>W. R. Hammon</i>		How related to deceased <i>son</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Bronchitis</i>		How long <i>2 years</i>	
		Immediate <i>Failure of stomach</i>		How long <i>6 months</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. O. Monroe</i>	
		Address <i>Waldorf</i>			
Accident or Suicide? <i>No</i>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

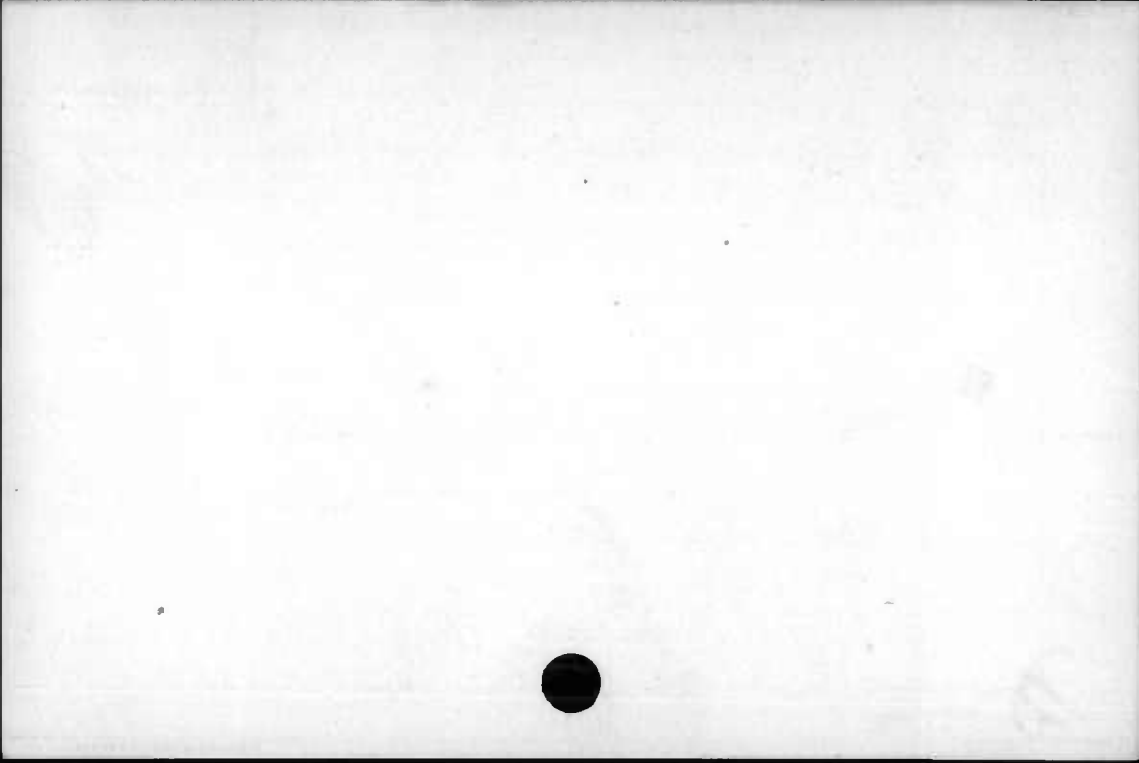
Name in Full <i>Infant, Morris</i>		Town <i>Mar Cross Roads</i>		County <i>Charles</i>		State <i>MARYLAND</i>	
Died at		Month <i>Dec</i>		Day <i>11</i>		Age <i>4 hours</i>	
Date of death <i>1907</i>		Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Charles Co Md</i>	
Occupation <i>C</i>				Where Residing if not at place of death <i>C</i>			
Married, Single or Widowed <i>C</i>				Name of Wife or Husband <i>C</i>			
Father's Name <i>unknown</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Fannie Morris</i>				Mother's Birthplace <i>Charles Co Md</i>			
Name of person giving information <i>Henry Babler</i>				How related to deceased <i>none</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>premature 5 1/2 months</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James M. Wheeler</i>	
		Address <i>Sub 2 Registrar Graydon Inc</i>	
Accident or Suicide? <i>C</i>			



Name
in
Full

Mary Irene Murphy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Hypocent County Charles MARYLAND

Died at Hypocent

Date of death 1907 Month Dec. Day 27 Age 1 Years 10 Months 10 Days

Sex Female Color or Race White Birth-place md

Occupation chis Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Joseph W. Murphy Father's Birthplace md

Mother's Maiden Name Mary M. Wade Mother's Birthplace md

Name of person giving information J. W. Murphy How related to deceased Father

CAUSES OF DEATH

107

PHYSICIAN
OR CORONER

Primary Nematodes & Gastritis (acute) How long 3 days

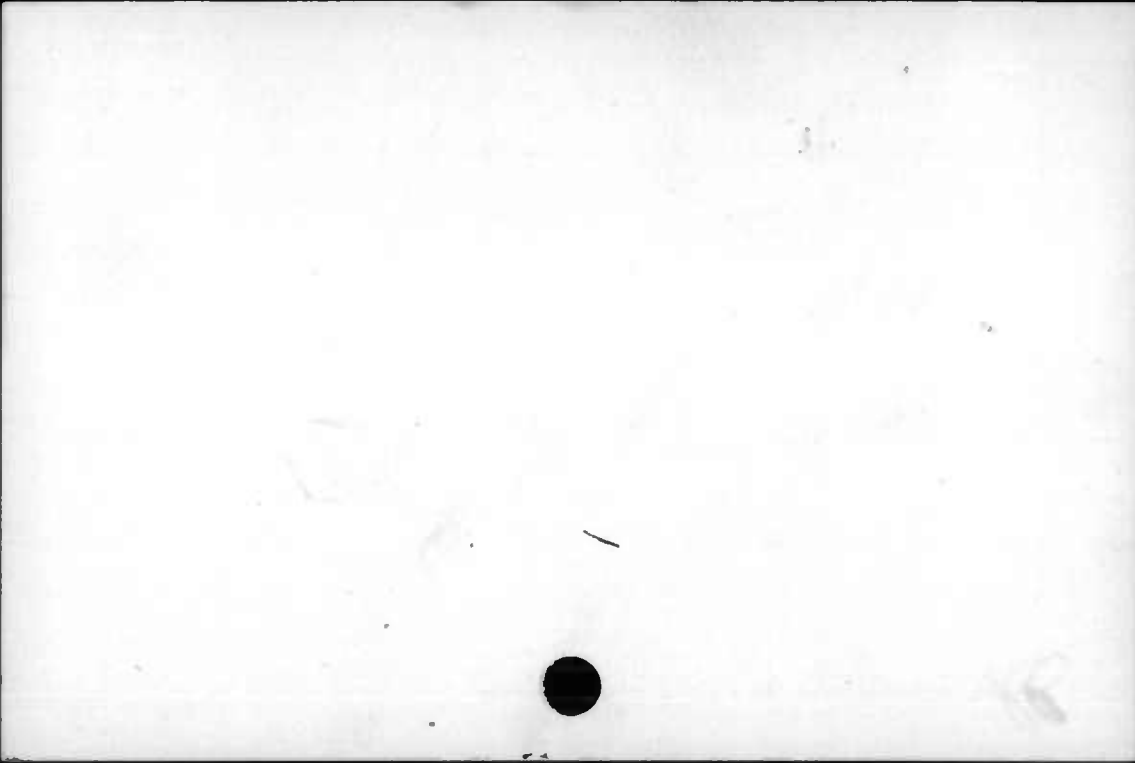
Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician L. B. Crookston, Jr.

Address 1 Md. —

Accident or Suicide?



Name

In

Full

CERTIFICATE OF DEATH

Linda Riley

Died ^{near} Riverside Town

County

Shel.

MARYLAND

Date

of death 1907 Dec.

Month

Day

8

Age

Years

14

Months

Days

Sex

Female

Color or Race

Black

Birthplace

md

Occupation

lived with mother

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

James Riley deceased

Father's Birthplace

md

Mother's Maiden Name

Gracy Turner

Mother's Birthplace

md

Name of person giving information

Jaylor Shivers

How related to deceased

Brother in law

CAUSES OF DEATH

(93)

Primary

Pyphoid Pneumonia

How long

10 or 12 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

S. H. Beake
Crayton md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ellen Ruskin

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Newtown

Charles

Date

of death 1907 Dec .

Month

13 Day

Age

Years 42

Months

Days

Sex

Female

Color or
Race

African

Birth-
place

Charles Co.

Occupation

Housewife

Where Residing if not
at place of death

Married, Single,
or Widowed

Married

Name of Wife or
Husband

Grant Ruskin

Father's
Name

Not known

Father's
Birthplace

Not known

Mother's

Maiden Name Ann Brawner

Mother's
Birthplace

Charles Co.

Name of person giving
In formation

Grant Ruskin

How related
to deceased

Husband

CAUSES OF DEATH

64

Primary

Arteriosclerosis

How long

Immediate

Apoplexy

How long

12 Hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

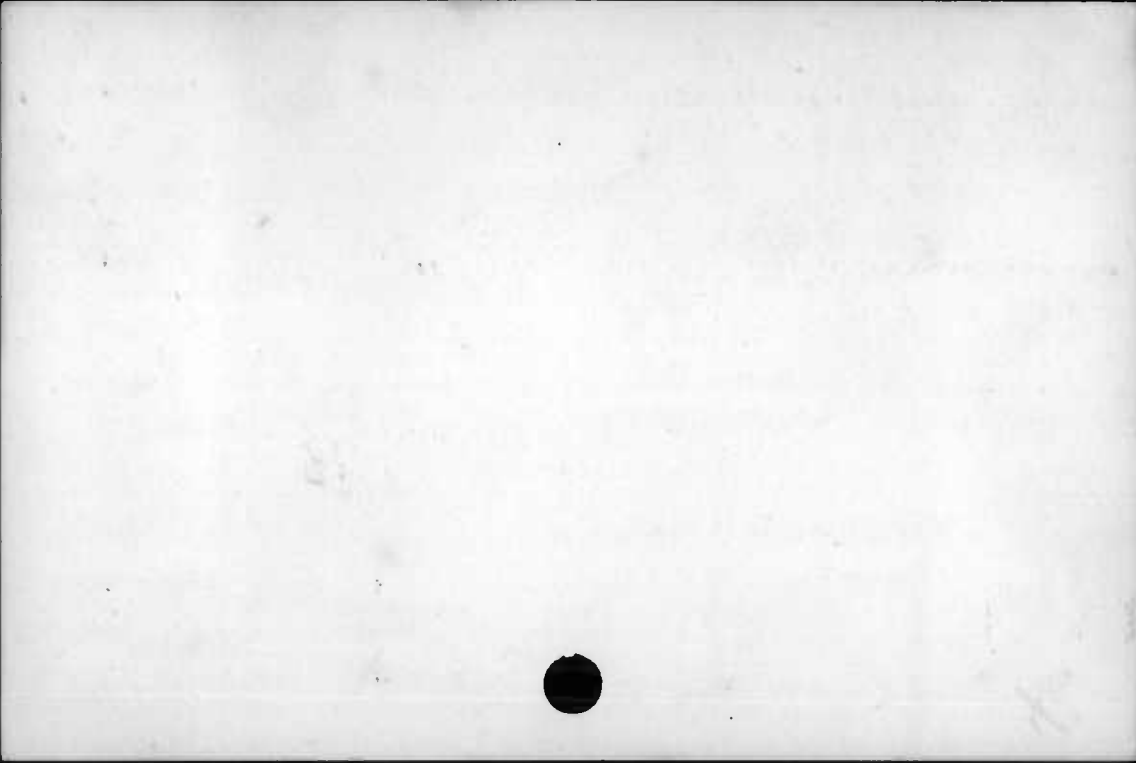
Signature of
Physician

Address

Accident or Suicide?

LIBRARY BUREAU 48855

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Kate Swann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

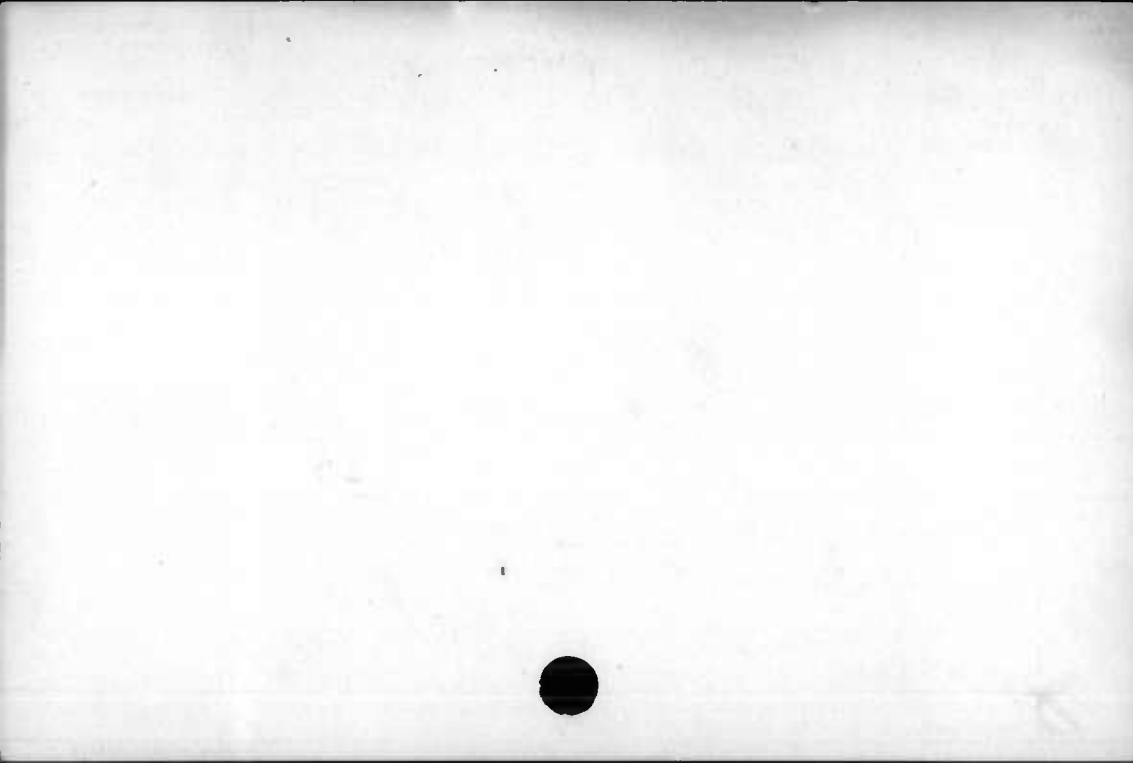
Died at <i>Doncaston</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>2</i>	Age <i>42</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Doncaston Ind</i>		
Occupation <i>House work</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Geafus Swann</i>				
Father's Name <i>Thomas Skinner</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Ann Skinner</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Edmon Jackson</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

70

PHYSICIAN
OR CORONER

Primary <i>Convulsions</i>	How long <i>10 or 15 years</i>
Immediate	How long <i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B Smith</i> <i>Ind</i>
	Address <i>Doncaston</i>
Accident or Suicide? <i>—</i>	<i>Ind</i>



Name
in
Full

Florence Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		La Plata		Charles		County		MARYLAND	
Date of death		1907	Month 12	Day 27	Age 29	Years		Months	Days
Sex		F		Color or Race		C		Birth-place	
Occupation		Chambermaid		Where Residing if not at place of death		—		Md	
Married, Single or Widowed		S		Name of Wife or Husband					
Father's Name		William Taylor		Father's Birthplace					
Mother's Maiden Name		Caroline Thomas		Mother's Birthplace					
Name of person giving information		Charles Taylor		How related to deceased		Brother			

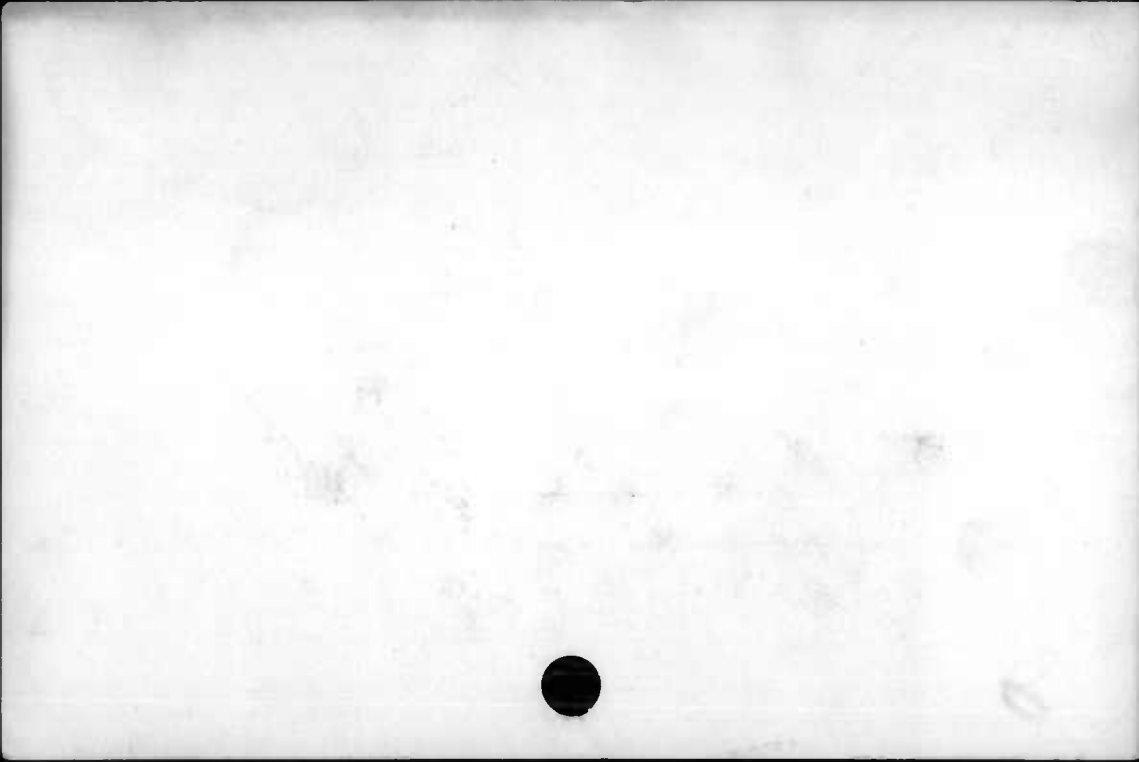
CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary	Pernicious Anemia Gastric atrophy about 12 months	How long
Immediate	Anemia Acute Gastric atrophy about 10 days	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Address
Accident or Suicide?		

Wm. L. Harmon Md.
La Plata
Md



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Shilo* County *Charles*

Date of death 1907 *Dec* Month *4* Day Age *35* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Allen, Ark*

Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband

Father's Name *David S. Thomas* Father's Birthplace *Ark*

Mother's Maiden Name *Salie Hunt* Mother's Birthplace *Ark*

Name of person giving information *Jas Brown* How related to deceased *Son*

CAUSES OF DEATH

Primary *Consumption (27)* How long *14 months*

Immediate *17 months*

Are the name, age, sex, color, date and place correctly given above?

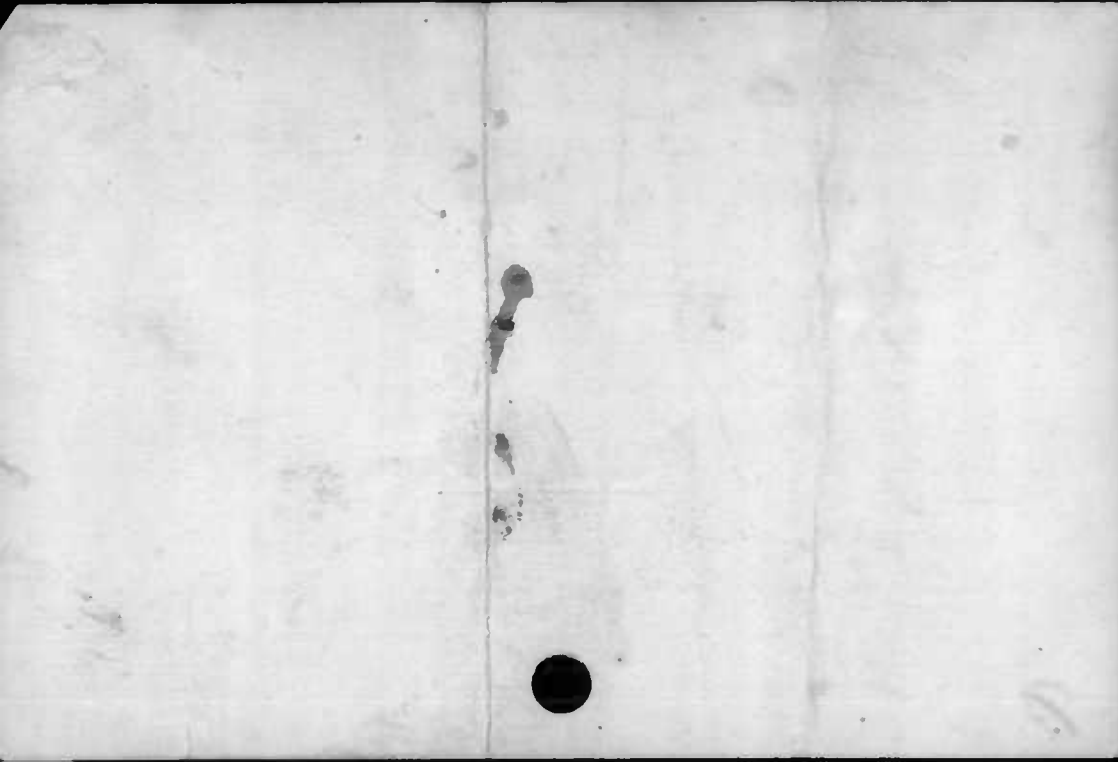
Signature of Physician *H. L. Simpson*

Address *Sub Registrar*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Maude Thomas

Town *Bethesda* County *District*

Died at *Bethesda* Date of death *1907* *Dec* *6* Age *2* *7* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Kenilworth*

Occupation *house work* Where Residing if not at place of death *Kenilworth*

Married, Single or Widowed *Married* Name of Wife or Husband *Maude Thomas*

Father's Name *Joe Hawthorne* Father's Birthplace

Mother's Maiden Name *Lettie Toy* Mother's Birthplace

Name of person giving information *Louis Burroughs* How related to deceased *Bro*

CAUSES OF DEATH

20

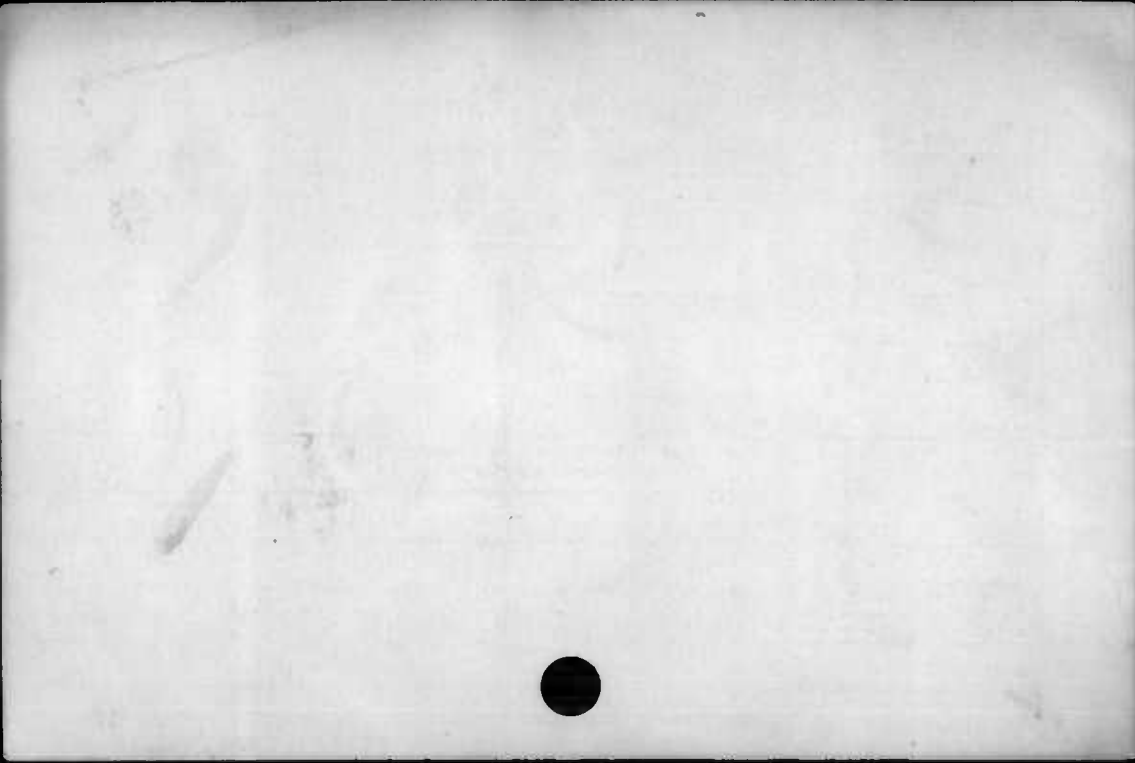
Primary *Strangulated hernia* How long *4 weeks*

Immediate *Spasmodic* How long *18 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. L. Higdon*

Address

Accident or Suicide?



Name of Child

Certificate of Birth

Catherine Biolla Wade

Town

County

Malcolm Charles

Born at

MARYLAND

Month

Day

White

Male

Living

Number of Child: 1st 2nd 3rd

Date 1907

12

14

Colored

Female

~~Still Born~~~~4th 5th 6th 7th 8th 9th~~

Father's

Name in Full

Gonzaga Ralph Wade 47

Age

Occupation

Merchant Birthplace Bryantown Chas Co.

Mother's

Maiden Name

Anna Zenobia Battles 31

Age

Occupation

Housekeeper Birthplace Waldorf Chas co

Reported by

Venia Greenfield

Physician, Midwife, Parent

Address

Malcolm Charles Co Md

If child is not named, send name as early as possible.



Name
in
Full

Benjamin Welch

CERTIFICATE OF DEATH

Died at ^{Town} near McConchie		^{County} Charles		MARYLAND	
Date of death	1907	Month	12	Day	10
Age		about 33		Months	Days
Sex	Male	Color or Race	White	Birth-place	Chas Co - Md
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed		Married		Name of Wife or Husband	
Father's Name		Benjamin Welch		Father's Birthplace	
Mother's Maiden Name		Elizabeth Lomas		Mother's Birthplace	
Name of person giving information		Miller Welch - his son		How related to deceased	
				His Son	

CAUSES OF DEATH

120

PHYSICIAN OR CORONER	Primary	Bright's disease ^{with} Hypertrophy of Heart	How long	Under Med care about 7 months
	Immediate	Heart Failure	How long	For a week
	Are the name, age, sex, color, date and place correctly given above?		yes	
	Signature of Physician		Jno. T. Diggins, M.D.	
Address		Port Tobacco - Md		
Accident or Suicide? <input type="checkbox"/>				

W. F. Braund

Ind. Reg.

Name
in
Full

Arthur Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Wicomico		County Ches		MARYLAND	
Date of death	1907	Month Dec	Day 23	Age 5	Years 5	Months	Days
Sex	male		Color or Race	white		Birth- place	Chas Lu
Occupation	man			Where Residing if not at place of death		Wicomico Md	
Married, Single or Widowed	single		Name of Wife or Husband		man		
Father's Name	Ross Williams					Father's Birthplace	St Marys Lu
Mother's Maiden Name	May Graham					Mother's Birthplace	Chas Lu
Name of person giving In formation	Ross Williams					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Croup	How long	two weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. J. Galt	
		Address Luttrell Ry	
Accident or Suicide?			



Name
in
Full

Hincen F. Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

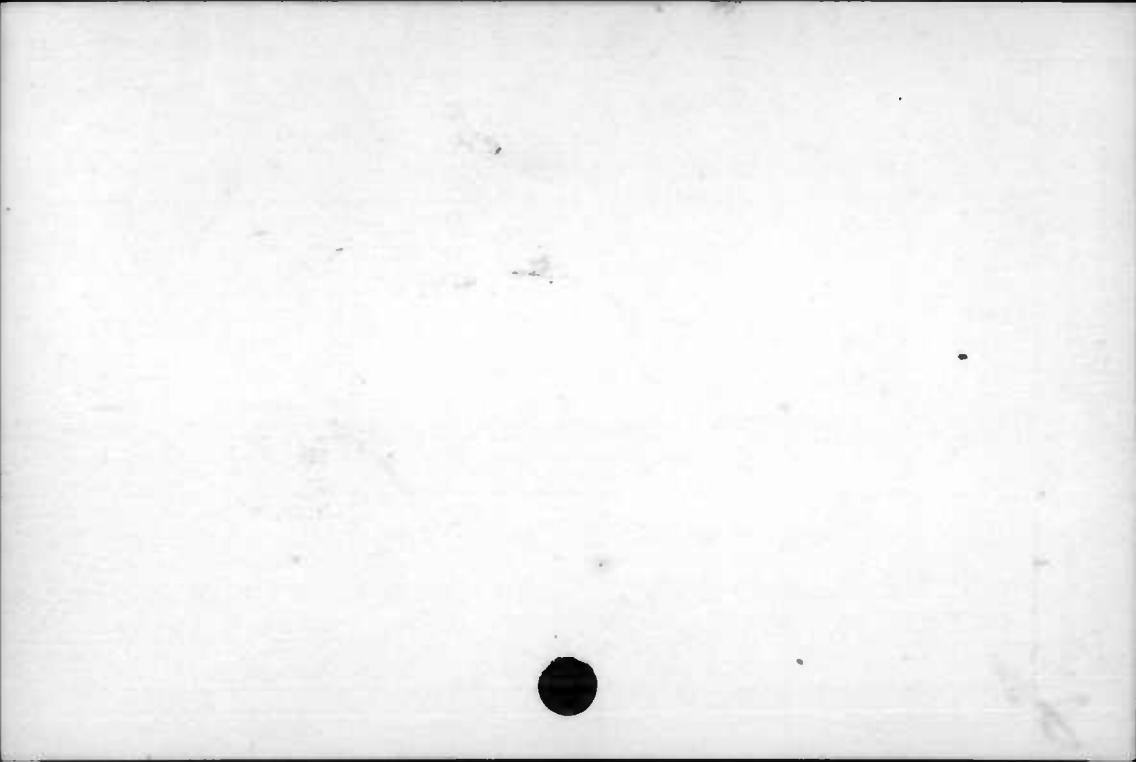
Died at <i>Town</i> <i>Waldorf</i>		County <i>Charles</i>		MARYLAND	
Date of death	1907	Month	<i>Dec</i>	Day	<i>8</i>
Age		Years		Months	Days
Sex <i>Male</i>		Color or Race <i>Black</i>		Birthplace <i>Mich</i>	
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>at home</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>George Wood</i>			Father's Birthplace	<i>Mich</i>
Mother's Maiden Name	<i>Eliza Born</i>			Mother's Birthplace	<i>Mich</i>
Name of person giving information	<i>Harry Wood</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>Twelve months</i>
Immediate	<i>Exhaustion</i>	How long	<i>Short while</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>G. O. Brown</i>
		Address	<i>Waldorf</i>
			<i>Mich</i>
Accident or Suicide? <i>—</i>			



Name
in
Full

Bertha M. Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Near Berry P.O.* ^{Town} *Charles* ^{County}

MARYLAND

Date of death *1907* ^{Month} *Dec* ^{Day} *29* ^{Years} *—* ^{Months} *—* ^{Days} *9*Sex *Female* Color or Race *Colored* Birth-place *md*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *R. Edward Young*Father's Birthplace *md*Mother's Maiden Name *Maggie Cook*Mother's Birthplace *md*Name of person giving information *Edward Young*How related to deceased *Father*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

*Malassimilation*How long *—*

Immediate

How long *—*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

None in attendance

Address

J.M. Wickerson

Accident or Suicide?

Sub. Reg.

